

MULTIPLE DEPEN.
CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

101563956

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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33						
34						
35						
36						
37						
38	1					
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50	1					
TOTAL IND.			↓	↓	↓	
TOTAL DEP.	←	←	←	←	←	
TOTAL CLAIMS		██████		██████		██████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53	1					
54	1					
55	1					
56	1					
57	1					
58	1					
59	1					
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97						
98						
99						
100						
TOTAL IND.		8	↓	↓	↓	↓
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS	40	██████		██████		██████

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